

## CONTRACTOR INFORMATION FORM

Please fill out this information sheet and submit it with your application.

**\*\*Requests for inspections will not be scheduled unless the permit number is supplied at the time of the request.**

**Name of Business:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**City, State, and Zip:**

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell/Pager:** \_\_\_\_\_

**Fax:**

\_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**State License #:** \_\_\_\_\_

**Expiration:** \_\_\_\_\_

**Class:** A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_

**Tax ID:** \_\_\_\_\_ **Blacksburg Business License:** \_\_\_\_\_

(If any annual work value is \$25,000 or more, you  
Must apply for a Town of Blacksburg Business  
License)

**If located outside of Blacksburg:**

**Local Business License #:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

**For Internal Use Only:**

**Entered Into Computer System by:** \_\_\_\_\_ **Date:** \_\_\_\_\_